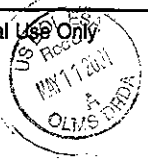


FOR LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under PL 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 517-779	2. PERIOD COVERED MO DAY YEAR From 01 01 2000 Through 12 31 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME HERE INTERNATIONAL UNION		8. MAILING ADDRESS (Type or print in capital letters.) First Name GEORGE Last Name SMITH P.O. Box • Building and Room Number (if any) 319 N WATERS EDGE DRIVE Number and Street City DURHAM State ZIP Code + 4 NC 27703-	
5. DESIGNATION (Local, Lodge, etc.) LOCAL 36 RDU		6. DESIGNATION NUMBER 36	
7. UNIT NAME (if any) RDU LOCAL 36			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	GEORGE C. SMITH 319 N. WATERS EDGE DRIVE DURHAM, N.C. 27703 PHONE # (919) 957-9589 HOME (919) 608-6236 CELL MOVE INTO NEW HOME, THE INFORMATION LISTED LEFT IS THE CORRECT MAILING ADDRESS AND PHONE NUMBERS FOR LOCAL 36 RDU.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: <u>Vincent Woodard</u> <u>4 ' 12 ' 2001</u> (919) 306-5506 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>George Smith</u> <u>04 ' 11 ' 2001</u> (919) 957-9589 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions?

Yes No

X

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?

X

12. Have a political action committee (PAC) fund?

X

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?

X

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

X

15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.)

X

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?

X

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?

X

18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?

X

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period?

74

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$

500 000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No

X

22. What is the date of your organization's next regular election of officers?

MO YEAR
11 2004

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees

(a) Regular Dues/Fees \$ 29.50 per MONTH
(Month, Year, etc.)

(b) Initiation Fees \$ 29.50

(c) Transfer Fees \$

(d) Work Permits \$ per
(Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 517-779

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*			
1. SMITH Last Name Title SECRETARY TREASURER	GEORGE First Name Status C		999.7	999.7
2. WOODARD Last Name Title PRESIDENT	VINCENT First Name Status C		580	580
3. PUREFOY Last Name Title RECORDING SECRETARY	STELLA First Name Status N		50	50
4. REACOCK Last Name Title VICE PRESIDENT	RICHARD First Name Status N		41	41
5. STEPHENS Last Name Title EXECUTIVE BOARD	JOYRICA First Name Status N		50	50
6. HASKINS Last Name Title PRESIDENT	LLOYD First Name Status P		553	553
7. SPENCER Last Name Title VICE PRESIDENT	LESLIE First Name Status P		0	0
8. Totals from additional pages (if any)				0
9. Totals of Lines 1 through 8				11,271
Enter the Total from Line 11 in Item 45 ⇨		10. Less Deductions 0		
		11. Net Disbursements 11,271		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 517-779

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	587	3168	32. Accounts Payable		
	26. Loans Receivable			33. Loans Payable	2700	11500
	27. U.S. Treasury Securities			34. Mortgages Payable		
	28. Investments			35. Other Liabilities		
	29. Fixed Assets			36. TOTAL LIABILITIES	12700	11500
	30. Other Assets			37. NET ASSETS (Item 31 less Item 36).....	(12103)	(8332)
	31. TOTAL ASSETS.....	587	3168			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	29403	45. To Officers (from Item 24)	11271
	39. Per Capita Tax		46. To Employees (less deductions)	
	40. Fees, Fines, Assessments & Work Permits		47. Per Capita Tax	9552
	41. Interest & Dividends		48. Office & Administrative Expense	4376
	42. Sale of Investments & Fixed Assets		49. Professional Fees	
	43. Other Receipts		50. Benefits	
	44. TOTAL RECEIPTS	29403	51. Contributions, Gifts & Grants	
<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>			52. Purchase of Investments & Fixed Assets	
			53. Loans Made	
			54. Other Disbursements	1107
			55. TOTAL DISBURSEMENTS	26306

ORGANIZATION NAME:
RALEIGH/DURHAM LOCAL 36

ENDING DATE OF PERIOD COVERED:
1-1-2000 - 12-31-2000

FILE NUMBER: **517-779**

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name _____ First Name _____ Title RECORDING SECRETARY Status P		0	0	0
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Totals		0	0	0

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Last Name _____ First Name _____ Title _____ Status _____				
Totals				